

**NORTH ATLANTIC TREATY ORGANIZATION
ORGANISATION DU TRAITE DE L'ATLANTIQUE NORD**

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JOINT SERVICE BOARD

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**STANAG 2228 MED (EDITION 1) – ALLIED JOINT MEDICAL SUPPORT
DOCTRINE - AJP-4.10**

Reference:

MAS(JSB)0309-MED/2228 dated 13 March 2000 (Edition 1) (Ratification Draft 1)

1. The enclosed NATO Standardization Agreement which has been ratified by nations as reflected in page iii is promulgated herewith.
2. The reference listed above is to be destroyed in accordance with local document destruction procedures.
3. AAP-4 should be amended to reflect the latest status of the STANAG and AP.

ACTION BY NATIONAL STAFFS

4. National staffs are requested to examine page iii of the STANAG and, if they have not already done so, advise the Joint Service Board, NSA through their national delegation as appropriate of their intention regarding its ratification and implementation.

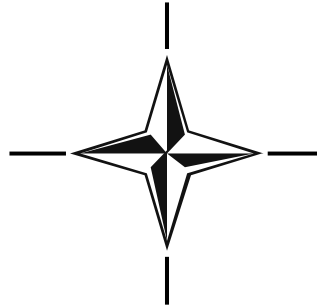
Jan H ERIKSEN
Rear Admiral, NONA
Director, NSA

Enclosure:

STANAG 2228 (Edition 1)

STANAG No 2228
(Edition 1)

**NORTH ATLANTIC TREATY ORGANIZATION
(NATO)**



**NATO STANDARDIZATION AGENCY
(NSA)**

**STANDARDIZATION AGREEMENT
(STANAG)**

SUBJECT: ALLIED JOINT MEDICAL SUPPORT DOCTRINE - AJP-4.10

Promulgated on 28 February 2002

Jan H. ERIKSEN
Rear Admiral, NONA
Director, NSA

RECORD OF AMENDMENTS

No.	Reference/date of amendment	Date entered	Signature

EXPLANATORY NOTESAGREEMENT

1. This NATO Standardization Agreement (STANAG) is promulgated by the Director NSA under the authority vested in him by the NATO Military Committee.
2. No departure may be made from the agreement without consultation with the tasking authority. Nations may propose changes at any time to the tasking authority where they will be processed in the same manner as the original agreement.
3. Ratifying nations have agreed that national orders, manuals and instructions implementing this STANAG will include a reference to the STANAG number for purposes of identification.

DEFINITIONS

4. Ratification is "In NATO Standardization, the fulfilment by which a member nation formally accepts, with or without reservation, the content of a Standardization Agreement" (AAP-6).
5. Implementation is "In NATO Standardization, the fulfilment by a member nation of its obligations as specified in a Standardization Agreement" (AAP-6).
6. Reservation is "In NATO Standardization, the stated qualification by a member nation that describes the part of a Standardization Agreement that it will not implement or will implement only with limitations" (AAP-6).

RATIFICATION, IMPLEMENTATION AND RESERVATIONS

7. Page iii gives the details of ratification and implementation of this agreement. If no details are shown it signifies that the nation has not yet notified the tasking authority of its intentions. Page iv (and subsequent) gives details of reservations and proprietary rights that have been stated.

FEEDBACK

8. Any comments concerning this publication should be directed to NATO/NSA - Bvd Leopold III - 1110 Brussels - BE

Agreed English/French Texts

STANAG 2228
(Edition 1)

NAVY/ARMY/AIR

NATO STANDARDIZATION AGREEMENT
(STANAG)

ALLIED JOINT MEDICAL SUPPORT DOCTRINE - AJP-4.10

Related Documents: See References to AJP-4.10

AIM

1. The aim of this agreement is to register national acceptance of AJP-4.10.

AGREEMENT

2. Participating nations agree to use AJP-4.10 as a manual for joint medical support doctrine in NATO Forces.
3. Changes to AJP-4.10 will be incorporated into the publication and will be accepted as part of it provided they have been formally offered by the JSB, NSA, to national authorities concerned and have been agreed by them.

IMPLEMENTATION OF THE AGREEMENT

4. This STANAG and AJP-4.10 are considered ready to be implemented when the AP has been received by the authorities and units concerned.

RESERVATIONS

TU: The Chapter 1, Para 114.3.B (Echelon 3.B) of AJP-4.10 will not be implemented by Turkey.

UK: The UK ratifies the STANAG but with the reservation that the mainly editorial comments should be incorporated before the STANAG is promulgated or that an early amendment containing the suggested changes is issued.

US: Chapter 2. The US has two reservations regarding the language in this chapter.

- (a) The US does not agree with text that states that Aeromedical Evacuation (AE) is under the direction of the MEDCC. When US AE assets are deployed, they are under direction of the MJLC or equivalent rather than the MEDCC chain of command.
- (b) The US does not agree with text that suggests that the PECC is the only responsible agent for identifying and validating patient requirements.

Chapters 2 & 3.

- (a) The US does not concur with text suggesting that organizations other than the AE Cell are responsible for coordinating air ambulance and aircraft requirements. For the US, the AE Cell performs AE operational mission planning, tasking, and scheduling of airlift and AE assets to support patient movement in coordination with the Patient Movement Requirements Centre (PMRC).
- (b) US policy for AE and "Patient Movement Items" (PMI) -- medical equipment and supplies required to support the patient during evacuation - - differs from that outlined here. US policy is that when a patient requires evacuation, it is the originating Medical Treatment Facility's (MTF) responsibility to provide PMI required to support the patient during evacuation. This PMI accompanies a patient throughout the chain of evacuation from the originating MTF to the destination MTF, whether it is an intra- or inter-theatre transfer.

Chapter 4. The US does not agree with text on page 4-4, J-2, paragraph 4 which, despite a disclaimer, implies that medical personnel may be involved in intelligence collection or analysis. Medical personnel involved with intelligence activities may jeopardize their protected status.